

BIOLOGICAL SCIENCES GRADUATE PROGRAM THESIS PROPOSAL FORM

Name:

Date:

Advisor:

Title/Subject:

Outline or summary of thesis (do not exceed space provided):

We, the undersigned, have reviewed this student's thesis proposal and are in approval of the thesis project as outlined above.

_____ Advisor

_____ Committee Member

_____ Committee Member

_____ Graduate Program Chair

I acknowledge that this thesis proposal is an accurate representation of my thesis project.

_____ Student